

NATURAL WOOD WASTE RECYCLING FACILITY
Annual Tonnage Report

Calendar Year _____

NWWRF Permit No.: _____

Facility Name: _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Title:** _____

Telephone: _____ **Fax:** _____ **Email:** _____

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The Annual Tonnage Report (Tables A & B) describes the activities of permitted Natural Wood Waste Recycling Facilities for the preceding calendar year commencing on January 1st and ending on December 31st. The signed Annual Tonnage Report is due on or by **March 1st** and is to be submitted to MDE by using one of the following methods:

Mailing Address: Attn: Tariq Masood, Project Manager
Maryland Department of the Environment
Land Management Administration
Resource Management Program
1800 Washington Boulevard, Suite 610
Baltimore MD 21230-1719

Telephone: (410) 537-3326 **Fax:** (410) 537-3321

Email: tariq.masood@maryland.gov

All waste quantities are to be reported in units of tons and cubic yards rounded off to whole numbers. For facilities without scales, the conversion factor used to convert cubic yards to tons shall be included in the Report. If additional pages are required, identify all pages with facility name and Natural Wood Waste Recycling Facility Permit Number.

Table A - Quantities of Natural Wood Waste Received

Facility Name: _____ NWWRF Permit No.: _____ Calendar Year: _____

Supplemental pages(s) attached? Yes No

NATURAL WOOD WASTE RECEIVED				
MONTH	STATE	COUNTY	VOLUME (Cu. Yd.)	WEIGHT (Tons)
TOTAL				

Natural Wood Waste Report Form

Table B – Quantities of Natural Wood Waste Processed, Residual Produced, and Material Removed

Facility Name: _____ **NWWRF Permit No.:** _____ **Calendar Year:** _____

Supplemental pages(s) attached? Yes No

	NATURAL WOOD WASTE PRODUCT PRODUCED BY PROCESSING		NATURAL WOOD WASTE PRODUCT REMOVED FROM THE FACILITY		RESIDUAL WASTE REMOVED FROM THE FACILITY	
MONTH	VOLUME (Cu. Yd.)	WEIGHT (Tons)	VOLUME (Cu. Yd.)	WEIGHT (Tons)	VOLUME (Cu. Yd.)	WEIGHT (Tons)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

Table A - Quantities of Natural Wood Waste Received (Supplemental page)

Facility Name: _____ NWWRF Permit No.: _____ Calendar Year: _____

Supplemental page _____ of _____

NATURAL WOOD WASTE RECEIVED				
MONTH	STATE	COUNTY	VOLUME (Cu. Yd.)	WEIGHT (Tons)
TOTAL				

Natural Wood Waste Report Form

Table B – Quantities of Natural Wood Waste Processed, Residual Produced, and Material Removed (Supplemental Page)

Facility Name: _____ **NWWRF Permit No.:** _____ **Calendar Year:** _____

Supplemental page _____ of _____

	NATURAL WOOD WASTE PRODUCT PRODUCED BY PROCESSING		NATURAL WOOD WASTE PRODUCT REMOVED FROM THE FACILITY		RESIDUAL WASTE REMOVED FROM THE FACILITY	
MONTH	VOLUME (Cu. Yd.)	WEIGHT (Tons)	VOLUME (Cu. Yd.)	WEIGHT (Tons)	VOLUME (Cu. Yd.)	WEIGHT (Tons)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						